



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF GEOLOGISTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR GEOLOGIST LICENSURE BY EXAMINATION INSTRUCTION SHEET

Selecting Type of Application

Apply by examination if *any* of the following describes your situation:

- You need to take both the Fundamentals of Geology (FG) and the Practice of Geology (PG) examinations.
- You've already passed the FG examination but need to take the PG examination.
- You have passed both the FG and PG examinations but you cannot apply for licensure by reciprocity because you are in one of the following situations:
 - o You don't hold a *current* license in another jurisdiction (state, U.S. territory or District of Columbia), or
 - o You don't have at least two years of geologic work experience, all of it acquired in a single jurisdiction where you hold a *current* license, or
 - o You hold a current license, issued after June 17, 1998, in another jurisdiction and you have at least two years of geologic work experience in that jurisdiction after you were licensed there, but you never passed the ASBOG exams.

Examples: The following examples illustrate two situations in which you must apply by examination even though you have already passed the FG and PG exams:

- You hold a current license in Pennsylvania, but you cannot apply by reciprocity because you do not have two years geologic work experience *in Pennsylvania* after you were licensed there.
- You have two years of geologic work experience in Pennsylvania after you were licensed there, but you cannot apply by reciprocity because your Pennsylvania license has since expired.

To apply for the Board's approval to take **only** the FG exam, the [Application for Approval to Take Fundamentals of Geology Exam](#) is designed for recent college graduates who have not yet acquired the required professional geologic work experience.

Apply [by reciprocity](#) if you hold a current license in another jurisdiction and you have at least two years of geologic work experience acquired in that jurisdiction since you were licensed there and you have passed the FG and PG examinations.

Examination Information

The ASBOG examinations are held twice a year in the Cannon Building, 861 Silver Lake Blvd, Dover, Delaware. The examination schedule is available online at [ASBOG Exam Schedule](#). If you are applying for approval to sit for one or both exams, you must submit your application and all required documentation by the final dates shown on the schedule so that the Board has time to meet and review your credentials.

When the Board has approved you to sit for the examination, the Board office will send you a notice with further instructions on registering for the examination with ASBOG. The notice will also give you information about the paying the examination and proctoring fees. For information on the examination content, see the candidate information on the [National Association of State Board of Geology](#) website.

Requirements for All Applicants

- ☐ Submit a completed, signed and notarized [Application for Geologist Licensure by Examination](#).
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to the "State of Delaware."

- ☐ Arrange for the Board office to receive an official transcript from your college or university, sent directly to the Board office from the school.
 - The transcript must show that you have either:
 - received a degree in geology, or
 - completed 30 credit hours in geoscience, of which 24 credits are third or higher year courses.
 - If you previously submitted the transcript in connection with your application to take the FG exam, it is not necessary to re-submit it.

- ☐ If you have already taken and passed the FG examination in a jurisdiction *other than Delaware*,
 - Submit a copy of your score report, **or**
 - Arrange for the Board office to receive verification of your passing score, sent directly from the jurisdiction where you took the exam. Use the *Verification of Licensure* form included with the application.

- ☐ Arrange for the Board office to receive verification of your Geologist licensure from *each* jurisdiction where you are currently, or have *ever* been, licensed, sent directly from the jurisdiction to the Board office. Use the *Verification of Licensure* form included with the application.
 - If you were licensed in another jurisdiction after June 17, 1998, the verification from the jurisdiction where you passed the ASBOG must include your exam scores.

- ☐ Arrange for the Board office to receive at least **five** professional references documenting that you have at least five years of professional geologic work experience and that three of the five years were in responsible charge. The persons providing references should preferably be licensed professionals with a geology background. They must:
 - be familiar with your work as a geologist, and
 - use the *Professional Experience Reference Form* included with this application and send the forms *directly* to the Board office. Make sure you choose a responsible person to be a reference and follow up on the form being sent.

- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.



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APPLICATION FOR GEOLOGIST LICENSURE BY EXAMINATION

TYPE OF APPLICATION

1. Check the item that describes your situation:

- ☐ I need to take both the Fundamentals of Geology (FG) and the Practice of Geology (PG) examinations.
- ☐ I have already passed the FG examination but need to take the PG examination.
- ☐ I have already passed both the FG and PG examinations. Check one of the following to explain why you are not applying by reciprocity:
- ☐ I don't hold a *current* license in another jurisdiction.
- ☐ I hold a *current* license in another jurisdiction but I don't have at least two years of geologic work experience, all of it acquired in the jurisdiction where I am currently licensed.
- ☐ I hold a *current* license, issued after June 17, 1998, in another jurisdiction and I have at least two years of geologic work experience in that jurisdiction, but I never passed the ASBOG exams.

IDENTIFYING AND CONTACT INFORMATION

2. Name: _____
Last/Family Name First Middle
3. Other Name(s) Used: None ☐ _____
4. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐
5. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐ If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
6. Mailing Address: _____

City State Zip
7. Phone: _____ Email: _____
Daytime Home

EDUCATION AND EXAMINATIONS

8. Enter the following information your undergraduate and graduate geologic education. Enter geology credits in semester or quarter hours.
- College or University Name: _____
- Location: _____
- Attended From: _____ To: _____ Major: _____
- Geology Credits Earned: _____ Degree: _____ Date Conferred: _____

College or University Name: _____

Location: _____

Attended From: _____ To: _____ Major: _____

Geology Credits Earned: _____ Degree: _____ Date Conferred: _____

Arrange for the Board office to receive an official transcript(s) sent *directly* from *each* college or university listed to the Board office.

9. Have you passed the ASBOG? Yes ☐ No ☐ **If yes, complete the following information.**

EXAM	SCORE	DATE TAKEN	JURISDICTION WHERE TAKEN
Fundamentals of Geology			
Practice of Geology			

If you passed the FG exam in a jurisdiction *other than Delaware*, either submit a copy of your score report or arrange for the Board office to receive verification of your passing score, sent directly from the jurisdiction where you took the exam. Use the *Verification of Licensure* form included with the application.

LICENSURE HISTORY

10. Do you hold, or have you ever held, a geologic or other professional license or registration issued by a government jurisdiction in Delaware or elsewhere? Yes ☐ No ☐ **If yes, enter the following information about *each* geologic or other professional license or registration that you have ever held. (Do **not** include certifications from a technical, scientific, or other non-governmental body.)**

TYPE OF LICENSE	ISSUING JURISDICTION	LICENSE NUMBER	ISSUE DATE	STATUS (e.g., active)

Arrange for the Board office to receive a *Verification of Licensure* form from *each* jurisdiction listed, sent *directly* from the jurisdiction to the Board office. If licensed in another jurisdiction after 6/17/1998, the *Verification of Licensure* from the jurisdiction where you passed the ASBOG exams must include your scores.

DISCLOSURES

11. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a complete explanation and a certified copy of your criminal history record from any jurisdiction in which you have been convicted or pardoned. For information on obtaining a Delaware criminal history record, see [State Bureau of Identification](#).**
12. Are any criminal charges pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record.**
13. Are any unresolved complaints pending against you in any jurisdiction? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
14. Have you ever received any administrative penalties (disciplines) regarding your practice as a geologist, including but not limited to fines, formal reprimands, license suspensions or revocation (except for license revocations for nonpayment of license renewal fees), probationary limitations, **or** have you entered into any agreements which contain conditions placed by a regulatory agency on your professional conduct and practice, including any voluntary surrender of a license, certificate or registration in Delaware or elsewhere? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

15. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**
16. Do you have any impairment related to drugs or alcohol that would limit your practice of Geology? Yes ☐ No ☐ **If yes, submit a letter explaining fully. Include copies of all appropriate records.**

PROFESSIONAL EXPERIENCE AND REFERENCES

17. List at least *five* persons, preferably licensed professionals with a geology background, who will provide professional experience references documenting that you have five years of professional geologic work experience.

If you need more room, you may copy this page.

PROFESSIONAL REFERENCE 1

Name: _____ Phone/Email: _____

Address: _____
Street City State Zip

PROFESSIONAL REFERENCE 2

Name: _____ Phone/Email: _____

Address: _____
Street City State Zip

PROFESSIONAL REFERENCE 3

Name: _____ Phone/Email: _____

Address: _____
Street City State Zip

PROFESSIONAL REFERENCE 4

Name: _____ Phone/Email: _____

Address: _____
Street City State Zip

PROFESSIONAL REFERENCE 5

Name: _____ Phone/Email: _____

Address: _____
Street City State Zip

Arrange for the Board office to receive *Professional Experience Reference Forms* sent *directly* from the professional references listed.

18. List your professional geologic work experience for at least **five** years. Start with your current position and work backwards. In the Description, briefly describe relevant facts about the degree of your responsibility and the nature of your geologic decisions. **Be sure to identify the Delaware-licensed Geologist who supervised any work you performed in Delaware.**

If you need more room, you may copy this page.

EXPERIENCE 1

Number of Months/Years: _____ Start Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____

Phone/Email: _____

Supervisor Name: _____

Supervisor Address (if different from Employer Address): _____

Description: _____

EXPERIENCE 2

Number of Months/Years: _____ Start Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____

Phone/Email: _____

Supervisor Name: _____

Supervisor Address (if different from Employer Address): _____

Description: _____

EXPERIENCE 3

Number of Months/Years: _____ Start Date: _____ End Date: _____

Employer Name: _____

Employer Address: _____

Phone/Email: _____

Supervisor Name: _____

Supervisor Address (if different from Employer Address): _____

Description: _____

If Board review of your application is needed, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, allow 4-8 weeks to receive your license.

AFFIDAVIT

Complete this section in the presence of a notary public.

The undersigned applicant for professional geologist licensure, being sworn, deposes and says that the information contained in this application is true and correct, and that s/he understands that the intentional inclusion of false or fraudulent information or the material omission of information may result in the denial of licensure and will be reported to the Attorney General for further action.

APPLICANT SIGNATURE: _____ Date: _____

County of _____ State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2____.

Notary Signature: _____

SEAL

My commission expires on _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.



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VERIFICATION OF LICENSURE REQUEST

APPLICANT INFORMATION – The Delaware applicant completes this section.

- Full Name: _____
First Middle Last
- Mailing Address: _____

City State Zip
- Phone: _____ Email: _____
Day Evening
- Social Security Number: _____
- License Number in Jurisdiction Below: _____

6. If you passed the ASBOG exam, enter the information about each part:

EXAM	DATE TAKEN	JURISDICTION WHERE TAKEN
Fundamentals of Geology		
Practice of Geology		

VERIFICATION OF LICENSURE/EXAMINATION – The State Board of Geologists completes this section.

The applicant named below has applied for Geologist licensure or approval to sit for ASBOG examination(s) in the State of Delaware. We ask your cooperation by providing our Board with the following information.

- License/Registration Number: _____ Status: Active ☐ Inactive ☐
Issue Date: _____ Expiration Date: _____

2. Did the applicant take the ASBOG examination in your jurisdiction?
Yes ☐ No ☐ If yes, complete:

EXAM	DATE TAKEN	SCORE
Fundamentals of Geology		
Practice of Geology		

- Has the license ever been surrendered, suspended, or revoked? Yes ☐ No ☐ If yes, explain on reverse.
- Has your Board taken disciplinary action against the applicant? Yes ☐ No ☐ If yes, explain on reverse.

CERTIFICATION

The Board of _____ of the State of _____ certifies that the above information is correct.

Signature: _____ Title: _____ Date: _____

BOARD SEAL

Please mail completed form *directly* to Delaware Board of Geologists at the address above.



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PROFESSIONAL EXPERIENCE REFERENCE FORM – EXAMINATION APPLICANTS

APPLICANT INFORMATION – The applicant completes this section (Questions 1-4).

Arrange for the Board to receive at least **five professional references** that document a combined total of **five years** of professional geologic work experience. Complete this section and send the form to *each* person who will verify your professional geologic work experience.

1. Full Name: _____
First Middle Last
2. Mailing Address: _____

City State Zip
3. Phone: _____ Email: _____
Day Evening
4. Active License Number(s): _____ State(s): _____

PROFESSIONAL GEOLOGIC EXPERIENCE – The person verifying the applicant's professional geologic work experience completes this section (Questions 5-14).

The applicant named above is applying for Geology licensure in Delaware. Provide the following information to verify the applicant's professional geologic work experience.

5. Your Name: _____
6. Phone: _____ Email: _____
Day Evening
7. Your Geologic Registration Number: _____ State: _____
8. Your Employer Name: _____ Position: _____
9. Check your relationship to the applicant named above:
☐ Employer ☐ Supervisor ☐ Co-worker ☐ Other: _____
10. I have known the applicant **professionally** since: _____
11. On the next page, provide information about the applicant's professional geologic work experience. Enter only work experience about which you have **first-hand, detailed personal knowledge in your professional capacity**. Space is provided for two periods of work experience. For example, if you supervised the applicant on two projects, you may enter the first project under Work Experience 1 and the second under Work Experience 2. If applicable, you may verify work he/she completed in more than one state.

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WORK EXPERIENCE 1

I have **personal knowledge** of the applicant's professional geologic work experience in _____
state, U.S. territory or D.C.
from _____ to _____.

During this period, was the applicant employed as a geologist using initiative, skill, and individual interpretative judgment?
Yes ☐ No ☐

Employer Name: _____

Where did this work experience take place? _____
State, U.S. territory or D.C.

Indicate whether the applicant's work as a geologist during this period was ☐ Full-time ☐ Part-time

If part-time, enter percentage of geologist work _____ % (e.g., 30 hours working as a geologist out of 40-hour project = 75%)

Describe the applicant's work (e.g., projects) and the quality of his or her work performed during this period. *Only* work that took place in the jurisdiction that the applicant entered in Question 5 above is relevant: _____

WORK EXPERIENCE 2

I have **personal knowledge** of the applicant's professional geologic work experience in _____
state, U.S. territory or D.C.
from _____ to _____.

During this period, was the applicant employed as a geologist using initiative, skill, and individual interpretative judgment?
Yes ☐ No ☐

Employer Name: _____

Where did this work experience take place? _____
State, U.S. territory or D.C.

Indicate whether the applicant's work as a geologist during this period was ☐ Full-time ☐ Part-time

If part-time, enter percentage of geologist work _____ % (e.g., 30 hours working as a geologist out of 40-hour project = 75%)

Describe the applicant's work (e.g., projects) and the quality of his or her work performed during this period. *Only* work that took place in the jurisdiction that the applicant entered in Question 5 above is relevant: _____

12. Provide your evaluation of the applicant's **overall** work performance. Check only *one* evaluation for each criterion.

	Excellent	Good	Poor	Unknown
Quality of professional work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of technical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional attitude, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soundness of judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you consider the applicant qualified for licensure as a geologist? Yes ☐ No ☐

14. Additional remarks or comments: _____

CERTIFICATION

I certify that the information that I have provided is accurate and truthful to the best of my knowledge.

SIGNATURE: _____ Date Completed: _____

AFFIX
SEAL

Mail the completed form *directly* to Board of Geologists at the address above.

The Board office will accept only forms it receives *directly* from the person verifying the applicant's professional geologic work experience. Forms returned by the applicant will not be accepted.

Faxed forms will not be accepted.